

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY
LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PAC'S**RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS1. NAME OF
COMMITTEE (in full)USE FEC MAILING
OR TYPE OR PRINTExample: if typing, type
over the lines.

12FE4M5

17-FEB-22

AM 11:30

Maggie for NH

ADDRESS (number and street) PO Box 298

☐ Check if different
than previously
reported (ACC)

Concord

CITY

NH
STATE

03301

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00588772

3. IS THIS
REPORT☒ NEW
(N)

OR

☐ AMENDED
(A)

4. STATE DISTRICT

NH

00

For Candidates Only

5. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

☐ April 15

Quarterly Report (Q1)

☐ July 15Quarterly Report (Q2)
and/or Semi-annual Report☐ October 15

Quarterly Report (Q3)

☒ January 31Year End Report (YE)
and/or Semi-annual Report☐ July 31 Mid-Year Report
(Non-election Year -
Party/PAC) (MY) and/or
Semi-annual Report(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election Year only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election Year only)☐ Apr 20 (M4)☐ Jul 20 (M7) and/or
Semi-annual Report☐ Oct 20 (M10)☐ Jan 31 (YE) and/or
Semi-annual Report(c) 12-Day
PRE-Election
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)This report also covers
the semi-annual period☐ Special (12S)☐ Convention (12C)

Election on

in the
State of☐
See Line 6(b)(d) 30-Day
POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)This report also covers
the semi-annual period

Election on

in the
State of☐
See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-Annual Covered Period

This report covers

11

29

2016

through

12

31

2016

and/or ☐ January 1 - June 30☒ July 1 - December 317. Total Reportable Bundled Contributions by
Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-Annual Covered Period

0.00

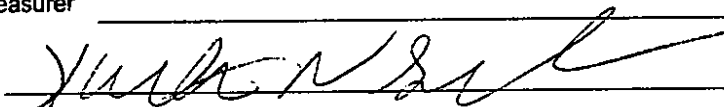
189098.25

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sullivan, Kathleen, N.,

Signature of Treasurer



02

22

2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
-----------------------	--	--	--	--	--	--	--

FEC FORM 3L
02/2009

201702220200074501